

ORGANISATION FOR THE PROHIBITION OF CHEMICAL WEAPONS

OPCW

PERSONAL HISTORY FORM

INSTRUCTIONS

Please answer each question clearly and completely.

Type or print in **black** ink.

1. Title (Circle one) Mr Mrs Ms Miss Dr Prof		Family name Firs		First name		Middle name		2. Se	х
3. Date of Birth		ntry & City of	5. Country/o		of 6.	. Currer	nt citizenship*	7.	Passport No.
Day Month Y	dear birth		citizenship a	at birth					
Day Wollin	i Cai								
8. A. Height 8. B. Weight	9. Marital stat		ried \square	Sena	rated \Box	W	idow(er)	Dive	rced 🗖
10. Entry into OPCW service migh		1,1411			auca			DIVE	iccu —
responsibilities. Have you any								avel?	
YES NO If "Y	TC" nlagga day	aniha							
	LS, please des	scribe.							
11. Permanent address		12. Present address (if different)				13.	13. Office Address		
Telephone No.:	Telephone No.:					Telephone No.:			
Fax No.:	Fax No.:					No.:			
E-mail Address: 14. Do you have any dependents?	YES 🗖	E-mail Addres		If "VFS"	give the follo		nail Address:		
14. Do you have any dependents.	165 —	110	, —	n ibs,	give the folic	wing ii	normation.		
NAME	Date of Birt	th Relationship NAMI			NAME	E Date of Birth Relationship			elationship
15. Have you taken up legal permanent residence status in any country other than that of your citizenship? YES NO If "YES", which country?									
16. Are any of your relatives employed by a public international organisation? YES NO If "YES", give the following information:									
NAME Relationship Name of International Organisation									
INAIVIE		Relationship Name of International Organisation)11 				
17. For which position(s) are you applying?									
Position Title(s) Vacancy Reference(s) 1. 1.									
1.									
3. 3.									
18. Would you accept employment for less than 19. Have you previously submitted an application for employment with OPCW?									
six months? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc									
 									
20. KNOWLEDGE OF LANGUAGES A. What is your mother tongue?									
READ WRITE SPEAK UNDERSTA					PSTAND				
B. OTHER LANGUAGES			WIG		Not		Not	ONDE	Not
	Easily	Easily	Easily	Easil		ıtly	Fluently	Easily	Easily
1.				-					
2. 3.				1					
4.									

21. EDUCATION. G				itles of degrees	in original language a	s well as approximate		
A. UNIVERSITY OR EQUIVALENT		equivalent in English. ATTENDED FROM/TO		T DEGREE	ES and ACADEMIC	MAIN COURSE OF		
NAME, PLACE AND COUNTRY		ATTENDED	FROM/10		TIONS OBTAINED	STUDY		
		Mo./Year	Mo./Year	<u> </u>				
		+						
		<u> </u>	<u> </u>					
B. SCHOOLS OR	OTHER EDUCATION I	FROM AGE 14	(e.g. high school,	vocational sch	ool or apprenticeship)			
	AND COUNTRY		TYPE		NDED FROM/TO	CERTIFICATES OR		
					Ma /Waan	DIPLOMAS OBTAINED		
		+		Mo./Year	Mo./Year			
C. OTHER TRAIN	ING COURSES			<u> </u>				
	AND COUNTRY	Т	YPE	ATTE	NDED FROM/TO	CERTIFICATES OR		
,						DIPLOMAS OBTAINED		
				Mo./Year	Mo./Year			
22 7 1 1 1/ 1 1								
22. For clerical/admin indicate speed in	istrative/secretarial posit words per minute.	ions only -		List any co	omputer software progr	ammes you can use.		
mareure opera	English	0	ther Languages	\dashv				
Typing								
Shorthand				_				
Snormanu								
		NS YOU HAVE	WRITTEN (Ye	ou may attach a	separate sheet listing y	our publications. Do NOT		
attach copies of public	cations themselves.)							
24. EMPLOYMENT	RECORD: Starting with	your present pos	st, list and describ	<u>se in reverse ord</u>	der every employment y	ou have had in order to		
facilitate an assessment	t of how your experience	e meets specific;	job requirements. v employed. If ve	. Use a separate u need more sp	block for each post, inc ace, attach additional p	clude also service in the armed ages of the same size. Give both		
	per annum for your last of		/ employed. If ye	u need mere ep	acc, anacii acciiizziai p	ages of the same size. Sive sear		
A DDECENT DO	OT A AST DOST IF NO	VE DDECENITI V	⁷ DATEMBLOVM	TINIT!				
A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN FROM TO GROSS SALA			LARIES PER A		XACT TITLE OF YOU	IR POST:		
MONTH/YEAR	MONTH/YEAR	STARTING		NAL	ARTET TITLE OF TOO	on to the second		
		1						
NAME OF EMPLOY	ED.		TVPE OF	BUSINESS:				
NAME OF EMPLOYER:			THEOR	TYPE OF BUSINESS:				
			NAME O	F SUPERVISC	PR:			
ADDRESS OF EMPL	OVED		NO ANT	N KIND OF EM	DI OVEES DEAS	ON FOR LEAVING:		
ADDRESS OF LIMI EOTEK.				NO. AND KIND OF EMPLOYEES REASON FOR LEAVING: SUPERVISED BY YOU:				
		DESC	CRIPTION OF YO	OUR DUTIES				
				-				

24. EMPLOYMENT RECORD:							
B. PREVIOUS POSTS							
FROM		TO SALARIES PER ANNUM		EXACT TITLE OF YOUR POST:			
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL				
NAME OF EMPLO	OYER:			TYPE OF BUSINESS:			
ADDRESS OF EM	IPLOYER:			NAME OF SUPERVISOR:			
				NO. AND KIND OF EMPLOYEES	DEACON FOR LEAVING.		
				SUPERVISED BY YOU:	REASON FOR LEAVING:		
		D	ESCRIPTION OF				
FROM	ТО	SAL ARIES I	PER ANNUM	EXACT TITLE OF YOUR POST:			
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL	EXACT TILL OF TOOK TOST.			
NAME OF EMPLO	WED.			TYPE OF BUSINESS:			
NAME OF EMPLO	JIEK.			THE OF BUSINESS:			
ADDRESS OF EM	PLOYER:			NAME OF SUPERVISOR:			
				NO. AND KIND OF EMPLOYEES	REASON FOR LEAVING:		
				SUPERVISED BY YOU:			
	DESCRIPTION OF YOUR DUTIES						
FROM	TO	SALARIES 1	PER ANNUM	EXACT TITLE OF YOUR POST:			
MONTH/YEAR	MONTH/YEAR	STARTING	FINAL				
NAME OF EMPLO	OYER:			TYPE OF BUSINESS:			
ADDRESS OF EM	PLOYER:			NAME OF SUPERVISOR:			
				NO. AND KIND OF EMPLOYEES REASON FOR LEAVING:			
			ECODIDETON	SUPERVISED BY YOU:			
DESCRIPTION OF YOUR DUTIES							

26. DO YOU OBJECT TO RECEIVING FA	XES/LETTERS FROM OPCW AT YOU	JR PLACE OF EMPLOYMENT?YES □ NO □				
27. ARE YOU NOW, OR HAVE YOU EVE	R BEEN, A PERMANENT CIVIL SER	VANT IN YOUR GOVERNMENT'S EMPLOY?				
YES □ NO □ If "YES", when?						
28. REFERENCES: List three persons, not	related to you, who are familiar with you	r character and qualifications.				
FULL NAME	ADDRESS	BUSINESS OR OCCUPATION				
TODE WHALE	ADDILLOS	Besiness on occornion				
	Telephone No. Fax No.					
	Telephone No. Fax No.					
	Telephone No.					
	Fax No.	ARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF				
		COURT AS A DEFENDANT IN A CRIMINAL				
PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)? YES NO His "YES", give full particulars (such as dates, charges, results) of each case in an attached statement.						
31. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History Form or other document requested by the Organisation renders me liable to termination or dismissal.						
NAME (print or type):	SIGN	ATURE:				
DATE:						
32. Please indicate whether you have any objection against the OPCW forwarding your application to another international organisation						
or OPCW Member State?	YES □ NO □					
33. <u>Please note:</u> Please do not attach educational certificates or any other documentation to this form. Short-listed candidates will be required to produce evidence of academic achievement. Only candidates under serious consideration for a post will be contacted.						